

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		1				
3	1					
4	1					
5	1					
6	2					
7	3					
8	3					
9	2					
10	3					
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TOTAL IND.	4					
TOTAL DEP.		15				
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						